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## FACSIMILE COVER SHEET

Deliver to: My Chau T Tran, USPTO Art Group: 1639  
Facsimile No.: (571) 273-8300 Date: 1/12/07  
From: Brent E. Vecchia, Reg. No. 48,011  
Our Docket No.: 42P13119D Number of pages 12 including this sheet.  
Application No.: 10/763,674 Filing Date: 1/22/2004  
Docket Due Date(s): 1/12/07

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: _____ ( <u>8</u> pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief ( _____ pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: _____ ( _____ pgs) w/cover & abstract)	<input type="checkbox"/> Petition for: _____
<input type="checkbox"/> Assignment & Cover Sheet ( _____ pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of Facsimile	<input type="checkbox"/> Reply Brief ( _____ pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA ( _____ pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: _____ sheets, _____ figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Extension of Time: _____	<input type="checkbox"/> Response to Written Opinion ( _____ pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 ( _____ pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Transmittal Letter

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Brent E. Vecchia 1/12/07  
BRENT E. VECCHIA Date

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application No.	10/763,674
		Filing Date	January 22, 2004
		First Named Inventor	Eric C. Hannah
		Art Unit	1639
		Examiner Name	My Chau T Tran
Total Number of Pages in This Submission	12	Attorney Docket Number	42P13119D

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Facsimile Transmittal Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Brent E. Vecchia</i>
Date	1/12/07

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	BRENT E. VECCHIA		
Signature	<i>Brent E. Vecchia</i>	Date	1/12/07

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 11/30/2005.  
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# **FEE TRANSMITTAL for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$) **150.00**

## **Complete if Known**

Application Number **10/763,674**  
Filing Date **January 22, 2004**  
First Named Inventor **Eric C. Hannah**  
Examiner Name **My Chau T Tran**  
Art Unit **1639**  
Attorney Docket No. **42P13119D**

## **METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: **02-2666** Deposit Account Name: **Blakely, Sokoloff, Taylor & Zafman LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

☒ Credit any overpayments

## **FEE CALCULATION**

### **1. EXTRA CLAIM FEES**

Total Claims	Edm Claims	Fee from below	Fee Paid
26	3	50.00	
Independent Claims	1	0	200.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple Dependent claim, if not paid
1204 760	2204 395	**Reissue independent claims over original patent
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent

**SUBTOTAL (1)**

(3)

\*\*or number previously paid, if greater. For Reissues, see below

### **2. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1051 130	2051 65	Surcharge - late filing fee or oath
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet
2053 130	2053 130	Non-English specification
1251 120	2251 60	Extension for reply within first month
1252 450	2252 225	Extension for reply within second month
1253 1,020	2253 510	Extension for reply within third month
1254 1,590	2254 795	Extension for reply within fourth month
1255 2,160	2255 1,080	Extension for reply within fifth month
1401 500	2401 250	Notice of Appeal
1402 500	2402 250	Filing a brief in support of an appeal
1403 1,000	2403 500	Request for oral hearing
1451	2451	Petition to institute a public use proceeding
1450 130	2450 130	Petitions to the Commissioner
1807 50	1807 50	Processing fee under 37 CFR 1.17(a)
1806 180	1806 180	Submission of Information Disclosure Sheet
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(b))
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

**SUBTOTAL (2)**

(5)

**Fee Paid**

## **SUBMITTED BY**

Name (Print/Type) **Brent E. Vecchia** Registration No. **48,011** Telephone **(303) 740-1980**  
Signature **Brent E. Vecchia** Date **1/12/07**

Based on PTO/SB-17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22312-1450

JAN 12 2007

**FEE TRANSMITTAL  
for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

150.00

## Complete if Known

Application Number 10/763,674  
 Filing Date January 22, 2004  
 First Named Inventor Eric C. Hannah  
 Examiner Name My Chau T Tran  
 Art Unit 1639  
 Attorney Docket No. 42P13119D

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakey, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
☒ Credit any overpayments

## FEE CALCULATION

## 1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
26	23*	3	50.00
Independent Claims	1	0	200.00
Multiple Dependent			

  

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple Dependent claim, if not paid
1204 790	2204 395	Reissue independent claims over original patent
1205 300	2205 150	Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)

\*or number previously paid, if greater. For Reissues, see below

## 2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1051 130	2051 65	Surcharge - late filing fee or oath
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet
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1403 1,000	2403 500	Request for oral hearing
1451	2451	Petition to institute a public use proceeding
1460 130	2460 130	Petitions to the Commissioner
1807 50	1807 50	Processing fee under 37 CFR 1.17(c)
1806 180	1806 180	Submission of Information Disclosure Stmt
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)		
SUBTOTAL (2)		(\$)

Fee Paid

(\$)

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type) Brent E. Vecchia Registration No. 48,011 Telephone (303) 740-1980  
 Signature *Brent E. Vecchia* Date 1/12/07

Based on PTO/SB/17 (12-04) as modified by Blakey, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.  
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Our Docket No: 42P13119D

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Eric C. Hannah

Examiner: My Chau T. Tran

Application No: 10/763,674

Art Unit: 1639

Filed: January 22, 2004

For: Carbon nanotube molecular labels

RESPONSE TO OFFICE ACTION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In Response to the Office Action mailed 10/12/2006, the Applicants respectfully request that the Examiner enter the following amendments and consider the following remarks.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that I am causing the above-referenced correspondence to be transmitted via facsimile to the United States Patent and Trademark Office at (571) 273-8300 on the date indicated below:

Date of Transmission

BRENT E. VECCHIA

Name of Person Transmitting Correspondence

Brent E. Vecchia  
Signature

1/12/07  
Date

Atty Docket No. 42P13119D  
Application No. 10/763,674

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